



HAWKERS/PEDDLER PERMIT APPLICATION

Town of Perryville

515 Broad Street
P.O. Box 773
Perryville, MD 21903
www.perryvillemd.org
Phone: 410-642-6066
Fax: 410-642-6391

DATE OF APPLICATION		TYPE OF LICENSE		
		Food Vendor* <input type="checkbox"/> Sales Vendor <input type="checkbox"/> <small>*requires Cecil Co Health Department approval</small>		
ORGANIZATION/COMPANY INFORMATION				
NAME OF ORGANIZATION/COMPANY		IS THIS A NON-PROFIT GROUP?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
STREET ADDRESS	APT#	CITY	STATE	ZIP
APPLICANT INFORMATION				
FIRST NAME	LAST NAME		MIDDLE INITIAL	
STREET ADDRESS	APT#	CITY	STATE	ZIP
TELEPHONE NUMBERS				
HOME:	CELL:		WORK:	
DO YOU HAVE A VALID MARYLAND TRANSIENT VENDOR'S LICENSE? (Please attach copy)		PROVIDE STATE OF MARYLAND SALES TAX NUMBER		
Yes <input type="checkbox"/> No <input type="checkbox"/>				
NATURE OF BUSINESS FOR WHICH LICENSE IS DESIRED (Please specify items that will be offered for sale)				
DATE(S) AND LENGTH OF TIME EXPECTED TO CONDUCT THIS ACTIVITY				
LOCATION REQUESTED TO OPERATE ACTIVITY				
VEHICLE INFORMATION				
If you are using a vehicle for your activity, complete the following and provide proof of insurance:				
MAKE	MODEL	COLOR	YEAR	LICENSE NUMBER
STATE REGISTERED				

